

Original File Number_____

Sub #_____

KING COUNTY
WILL REPOSITORY COVER SHEET

**FOR IDENTIFICATION PURPOSES ONLY, COMPLETE THE TESTATOR'S INFORMATION BELOW:
(PLEASE PRINT)**

Testator's full legal name: _____
(last, first, middle)

Birth Place: _____ Social Security Number: _____ Date of Birth: _____
(city, state or foreign country) (last four digits only) (mm/dd/yyyy)

Driver's License Number: _____ Father's Name: _____
(first, middle, last)

Mother's Maiden Name: _____
(first, middle, last)

Withdrawal of Will – (Testator(s) Only)

I, _____,
have withdrawn my ☐ original will or ☐ will and codicil(s) and
understand this completes this record and any future deposits
will be handled as a new and separate transaction.

Signature of Testator Date

Signature of Testator or Depositor

Date

Print Name

Address

City, State and ZIP

For Clerks' Use Only

Type of Deposit

Initial Deposit ☐ Will Only or ☐ Will and Codicil(s)

☐ Subsequent Deposit of Codicil(s)

Type of Withdrawal

☐ Withdrawn by Testator ☐ Withdrawn by Court Order
☐ Converted to Will Only Filing ☐ Converted to Probate

Converting Case Number: _____

Clerks Name: _____
Print Sign